

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

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www.grimesiowa.gov

CITY OF
GRIMES



Beginner Spanish Classes for Adults

Program Description:

Hola Amigo! Have you always been interested in learning the Spanish language but didn't know where to learn it? Or are you planning a trip to Mexico or Spanish speaking country and would like to become more familiar with the language? Then this is the class for you! Participants will learn basic vocabulary, grammar and beginning conversation that will help you understand and start communicating in this wonderful language. Minimum 6/Maximum 20 participants. Register early to ensure your spot!

Who: For Ages 18 and Up

Where: Grimes Community Complex

Dates: Thursdays, April 8 – May 13

Time: 6:30pm – 8:00pm

Instructor: Elizabeth Daza, Teacher for 20+ years in the adult ed and high school levels.



Questions: Contact Brett Barber, Grimes Parks & Recreation Director, by calling 515-986-2143 at bbarber@ci.grimes.ia.us.

Registration: Register online at www.grimesiowa.gov or by stopping into the GCC. You can also mail in registrations to Grimes City Hall at 101 NE Harvey St. in Grimes, IA 50111.

Cost: \$30.00 per person

2010 "Beginning Spanish Classes" Registration Form

PARTICIPANT'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

PHONE: _____ EMAIL ADDRESS: _____

Cost is \$30.00 per person.

Release and Indemnification Agreement:

I hereby request that you accept my application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance, I hereby release the City of Grimes, its employees, associated with this program from all claims which may arise in the event I am injured in an accident that occurs while I am participating in this program. I further agree to indemnify the City of Grimes, its employees, associated with this program for any claim, which may hereafter be presented on behalf of myself as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage while I participate in this particular activity. I will also allow pictures of myself during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature _____

Date _____

Grimes Community Complex ~ 410 SE Main St. in Grimes